

STANDARD (QUALITY) OF CARE
SUMMARY OF REQUIRED PERFORMANCE INDICATORS, BENCHMARKS AND
GHS RESULTS SUBMITTED
June 3, 2010

PROCESS OF CARE MEASURES

Every quarter Grady Health Systems (GHS) submits data analyses that measure the frequency with which patients receive therapies that are recognized to be standard components of high quality care for specific conditions. These assessments are known as "Process of Care Measures" because they do not actually evaluate treatment outcomes, but indicate whether or not the Grady Health System provides care according to accepted standards. The conditions that are evaluated are acute myocardial infarction (i.e. heart attack), heart failure, pneumonia, stroke, and surgical procedures. GHS also submits these data that are abstracted from medical records to the Center for Medicare and Medicaid Services (CMS), an agency of the U.S. Department of Health and Human Services. Although CMS is primarily responsible for administering the Medicare and Medicaid systems, this agency is also charged with collecting and analyzing information about the entire U.S. health care system. Therefore, the data sent to CMS by GHS includes information regarding care delivered to patients with Medicare, those enrolled in Medicare health plans, those in Medicaid, and those who are not enrolled in any of those programs.

As noted in the table below, for the most recent data provided GHS meets the required Fulton County benchmark on 8 of the 11 performance indicators. They did not meet the target for percent of age eligible patients with pneumonia receiving pneumococcal vaccine, percent of pneumonia patients given an antibiotic within 6 hours of arrival, and timely discontinuation of antibiotics after surgery. GHS has implemented a revised immunization screening/vaccination/documentation process with standardized physician order sets to improve pneumonia indicators, particularly for the administration of pneumococcal vaccine. The data appear to reflect this intervention with an increase in the appropriate administration of vaccine and antibiotics from previous quarters.

Dr. Matthew McKenna audited 30 charts that recorded the care provided to patients admitted to GHS during the third quarter of 2009. Specifically, six charts were randomly selected for each of the following 5 conditions:

Congestive Heart Failure
Acute Myocardial Infarction
Pneumonia
Surgery
Stroke

Two indicators of care were assessed for each condition except for

Congestive Heart Failure. Three indicators were assessed for this latter condition. Five out of six of the charts for pneumonia did not indicate optimal care, primarily because of delayed administration of antibiotics. One surgical chart recorded delayed discontinuation of post-surgical antibiotics.

PROCESS OF CARE MEASURES	Required quarterly Benchmark*	GHS I Q 2009	GHS 2 Q 2009	GHS 3 Q 2009	MET TARGET BENCH MARK?
Congestive Heart Failure					
Percent of Congestive Heart Failure (CHF) patients' given smoking cessation advice/counseling	91%	97%	98%	97%	Yes
Percent of patients with heart failure who also have left ventricular systolic dysfunction (LVSD) who were prescribed an angiotensin converting enzyme inhibitor (ACEI)	88%	97%	100%	100%	Yes
Heart Attacks (Acute Myocardial Infarction)					
Percent of Acute Myocardial infarction (AMI) patients given aspirin at arrival	94%	96%	98%	98%	Yes
Percent of AMI patients given a beta blocker at discharge	93%	97%	100%	98%	Yes
Percent of AMI patients given smoking cessation advice/counseling	94%	99%	100%	100%	Yes
Pneumonia					
Percent of Pneumonia patients assessed and given pneumococcal vaccine	81%	49%	36%	73%	No
Percent of Pneumonia patients assessed and given initial antibiotic(s) within 6 hours of arrival	93%	61%	62%	89%	No
Surgical Care Improvement Project (SC1P)					
Percent of patients who received a prophylactic antibiotic at the right time within 1 hour prior to surgical incision	86%	88%	90%	88%	Yes

Percent of patients whose prophylactic antibiotics are discontinued at the right time within 24 hours after surgery end time	84%	79%	88%	75%	No
Stroke		Q3 2009	Q4 2009	Q1 2010†	
Percent of patients with ischemic, T1A, or hemorrhagic stroke given smoking cessation advice/counseling during hospital stay	96%	97%	100%	100%	Yes
Percent of ischemic stroke patients discharged on antiplatelet therapy	97%	99%	99%	98%	Yes

*Benchmark established by Fulton County.

†From a special study using different quarterly data collection methods, therefore the time frame is more contemporary than for the other conditions.

PATIENT FLOW MEASURES

At the end of each quarter, GHS submits data regarding patient flow. These measures include an average emergency room wait time and average length of stay for each person admitted. Average emergency room wait time represents the average total time the person is in the emergency room, from entrance to discharge from the emergency room either because they were sent home, or admitted to the hospital.

As noted in the table below, Grady did not meet the required benchmarks for average time in the Emergency Room, but did meet the benchmark for average length of stay in the hospital.

PATIENT FLOW MEASURES	Fulton County required quarterly benchmark	GHS Jan 2010	GHS Feb 2010	GHS Mar 2010	Target Met
Average emergency room wait time (Hours)	7:50 Hours or less	10:11	10:55	12:41	No
Average length of stay after admission Days	6.5 Days or less	6:13	6.05	5.88	Yes

ACCESS TO CARE MEASURES

At the end of each quarter, GHS submits access to care measures. The third available appointment is the latest date at which a third follow-up appointment is available. It is a standard measure of clinic capacity.

The table below, details each outpatient clinic and the days until the next available appointment for new patients and established patients.

ACCESS TO CARE MEASURES	Fulton County required quarterly benchmark	Clinic	Days	Target Met
New patient 3rd available appointments (Days)	21 days or less	Asa Yancey Adult & Ped Clinic (DR)	72	No
		Asa Yacey OB Clinic (MW)	30	No
		East Point General Clinic (DR)	9	Yes
		East Point Pediatric Clinic (DR)	48	No
		East Point Nurse Visit (NR)	N/A	
		East Point OB/GYN Clinic (DR)	66	No
		North Fulton Clinic (DR)	1	Yes
		North Fulton OB/GYN Clinic (MW)	16	Yes
		Otis W. Smith Clinic (DR)	15	Yes
Established patient follow-up appointments (Days)	3 days or less	Asa Yancey Adult & Ped Clinic (DR)	72	No
		Asa Yacey OB Clinic (MW)	14	No
		East Point General Clinic (DR)	0	Yes
		East Point Pediatric Clinic (DR)	0	Yes
		East Point Nurse Visit (NR)	1	Yes
		East Point OB/GYN Clinic (DR)	73	No
		North Fulton Clinic (DR)	0	Yes

		North Fulton OB/GYN Clinic (MW)	2	Yes
		Otis W. Smith Clinic (DR)	1	Yes

CUSTOMER SERVICE/SATISFACTION MEASURES

Each quarter GHS will submit the results from a third party agent (Press-Ganey) that contacts patients post discharge to assess customer satisfaction. Results are sent directly from patients to Press-Baney for analysis.

As indicated in the table below, GHS did not meet the required benchmark for customer satisfaction. GHS continues to implement corrective action to improve the results of this measure including staff training, oversight by a service excellence multidisciplinary committee, the assignment of a departmental champion for each goal, and the evaluation of employees on the basis of the customer satisfaction.

CUSTOMER SERVICE / SATISFACTION MEASURES	Fulton County required quarterly benchmark	GHS I Q 2010	Target Met
Percent of patients who reported that their doctors always communicated well	85%	76%	No
Percent of patients who reported that staff always explained about medicines before administering them	85%	51%	No
Percent of patients who reported that their room and bathroom were always clean	85%	52%	No
Percent of patients who reported that they were given information about what to do during their recovery at home	85%	70%	No
Percent of patients who reported that they would definitely recommend the hospital	85%	57%	No